Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Richmond, VA 23233
(804) 367-8506/8512
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Board for Professional Soil Scientists and Wetland Professionals PROFESSIONAL WETLAND DELINEATOR EXPERIENCE LOG

1. N	ame		
	Last	First	Middle Generation
2. S	ocial Secu	rity Number or Virginia DMV Control Number *	
*		equires every applicant for a license, certificate, registration or other au monwealth to provide a social security number or a control number iss	thorization to engage in a business, trade, profession or occupation issued ued by the Virginia Department of Motor Vehicles.
Prior to entering information on this form, please make several copies of this blank form to ensure that you have additional forms to accommodate <u>all</u> your experience entries. Please be sure to number the pages according to the total number submitted (i.e., 1 of 3, 2 of 3, etc.) in the upper right-hand corner. Enter your most recent experience first.			
Work experience must include the proper identification of all three types of indicators: 1) vegetation indicators; 2) soil indicators; and 3) hydrology indicators. Attach documentation of preparation or review of delineations, or field studies in accordance with regulations 18 VAC 145-30-50. The board, in its sold discretion, shall determine what acceptable decantation of qualifying experience is. Documentation such as photocopies of delineation reports, field delineation, data sheets, field log, research reports, and scientific papers may be acceptable documentation. DO NOT SEND ORIGINALS. ONCE SUBMITTED ALL DOCUMENTATION BECOMES THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED			
Starting MM/YY	Ending MM/YY	Name & Signature or Supervisor Name & Address of Employer	Position Title Detailed Description of Duties
		Name:	Title:
		State Licensed:	% of time devoted to wetland delineation:
*Type of Experience		License No.:	Job Description:
(Check only ONE)		Expiration Date:	
		Employer's Name & Address:	
Report Preparation			
			Part-time? (Less then 35 hrs/wk)
Signature:			Yes No No
Date:			Average part-time hours/ week: